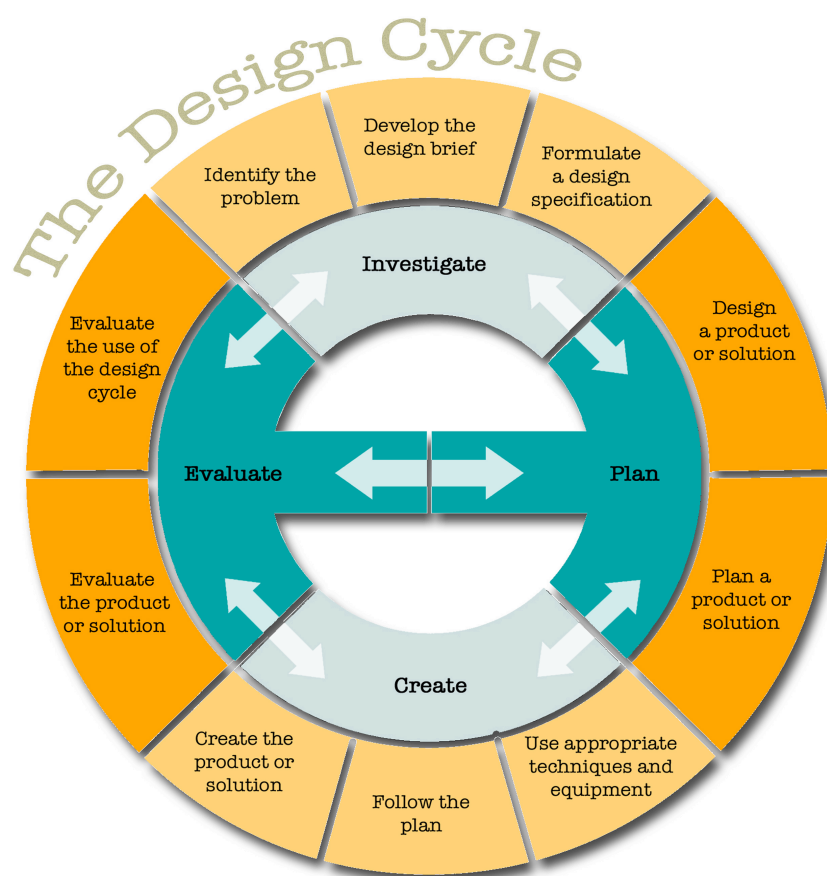


MYP

TECHNOLOGY

YEAR 7



Term # _____

Criterion		Level of Achievement

Student/s:

Student Class:

Teacher's Name

Date:

Teacher's Feedback:
